

Family Group Record

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LDS ORDINANCE DATA			
B = Baptized	E = Endowed		
S = Sealed to spouse	P = Sealed to parents		
		Date	Temple
B	E		
	S		
	P		

Husband's name		<i>Robert A MORRIS Sr.</i>	
Born	19 Aug 1930	Place	<i>Elkhorn (or Hailstone), Wasatch, Utah</i>
Chr.		Place	
(2) Mar.	26 June 2000	Place	
Died	29 May 2000	Place	<i>Heber City, Wasatch, Utah</i>
Bur.	June 2000	Place	<i>Heber City Cemetery</i>
Father	<i>Joseph "H" MORRIS</i>		Mother <i>Nile ALLISON</i>
Husband's other wives (1)			

Wife's name		<i>Sharon LANGLOIS</i>	
Born		Place	
Chr.		Place	
Died		Place	
Bur.		Place	
Father			Mother
Wife's other husbands			

Children		List each child (whether living or dead) in order of birth	Date	Temple
1 Sex	Name <i>No issue</i>		Spouse	
	Born	Place		B
	Chr.	Place		E
	Mar.	Place		S
	Died	Place		P
2 Sex	Name		Spouse	
	Born	Place		B
	Chr.	Place		E
	Mar.	Place		S
	Died	Place		P
3 Sex	Name		Spouse	
	Born	Place		B
	Chr.	Place		E
	Mar.	Place		S
	Died	Place		P
4 Sex	Name		Spouse	
	Born	Place		B
	Chr.	Place		E
	Mar.	Place		S
	Died	Place		P

Check here if additional children are listed on reverse side.

Additional Information

Record on the back:

- Sources of information
- Other marriages, sealings, and explanations

Name and address of person submitting form

Check the box for one of the following options (applies to all names submitted on this form):

OPTION 1—FAMILY FILE

Send all names to my family file at the _____ Temple. I will provide proxies for:

Baptism Endowment Sealing

I understand that ordinances not checked will have proxies assigned by the temple.

OPTION 2—TEMPLE FILE Send all names to any temple and assign proxies for all approved ordinances.

OPTION 3—ANCESTRAL FILE Send all names to the Ancestral File.

(You must include a pedigree chart or required form.) No ordinances will be done.

Phone ()

Date prepared

Stake/Mission

Stake/Mission Unit no.

Relationship of above to:

Husband _____ Wife _____

Husband's name

Wife's name

CHILDREN List each child (whether living or dead) in order of birth

Date _____ Temple _____

5 Sex	Name	Spouse	
	Born	Place	B
	Chr.	Place	E
	Mar.	Place	S
	Died	Place	P
6 Sex	Name	Spouse	
	Born	Place	B
	Chr.	Place	E
	Mar.	Place	S
	Died	Place	P
7 Sex	Name	Spouse	
	Born	Place	B
	Chr.	Place	E
	Mar.	Place	S
	Died	Place	P
8 Sex	Name	Spouse	
	Born	Place	B
	Chr.	Place	E
	Mar.	Place	S
	Died	Place	P

 Check here if additional children are listed on another Family Group Record and attach the record to this form. Include parents' names.**Sources of information** (add further information on attached sheets as necessary)**Other marriages, sealings, and necessary explanations** (add further information on attached sheets as necessary) Check here if any female listed on this form was sealed to another husband **in her lifetime**. (Give details below.)